## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667378  1. Entity Name INVESTMENT INDUSTRIES OF FLORIDA, INC.							FILED					
							Apr 27, 2000 08:00 AM Secretary of State					
Principal Plac		s	Mailing Address 5601 WINDHOVER DRIVE									
ORLANDO 32819		FL	ORLANDO 32819	FL								
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State				4. FEI Number Applied For Not Applicable					
Zip		Country Zip Cos			try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
Name and Address of Current Registered Agent					Name	7. 1	lame and Address	of New Re	gistered	Agent		
MARDER MICHAEL 100 W CYPRESS CREEK DR STE 700					Street Address (P.O. Box Number is Not Acceptable)							
FT LAUDERDALE FL										,		
33309 . US					City				FI	Zip Cod	e	
8. The above	named entit	y submits this statement fo	or the purpose of changing its	egister	ed office o	r registered ag	ent, or both, in the S	tate of Flor	ida.	1		
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	Registera	d Agent signat	ure required when re	einstating)		04/2	<u>27/2000</u>	)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)  Make Check Payable					will be \$!	50.00	10. Election Can Trust Fund C	, -	•		<b>0</b> May Be I to Fees	
11.		OFFICERS AND		12.	24 24 2 1 4 Care 21	AD	DITIONS/CHANGE	S TO OFFI	CERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ·			T DUGAN 5601 WIN ORLAND	THOMAS DHOVER DR O	S F	FL	☐ Change 32819	Addition	
TITLE	PDTS		☐ Delete	TATLE		PDS				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SIEGEL 5601 WII ORLANI	FL	1	E Et address -st-zip	SIEGEL 5601 WIN ORLAND	DAVID DHOVER DR	A	FL	32819			
TITLE			☐ Delete	TIL		OILLI (D				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete	13	ET AUDRESS					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STRE CITY-	ET ADDRESS ST-ZIP					☐ Change	☐ Addition	
13. I hereby of	certify that the	e information supplied with	this filing does not qualify for	the exer	nption sta	ted in Section	119.07(3)(i), Florida	Statutes, 11	further ce	ertify that the in	nformation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.